

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09782743

FILING DATE

02/20/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9	1						59						
10		1					60						
11	1						61						
12		1					62						
13	1						63						
14		1					64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24	1						74						
25		1					75						
26	1						76						
27		1					77						
28	1						78						
29		1					79						
30	1						80						
31		1					81						
32	1						82						
33		1					83						
34	1						84						
35		1					85						
36	1						86						
37		1					87						
38	1						88						
39		1					89						
40	1						90						
41		1					91						
42	1						92						
43		1					93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	25						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						